STATE OF CALIFORNIA - DEPARTMENT OF PERSONNEL ADMINISTRATION TRAVEL EXPENSE CLAIM See Instructions and \*Privacy Statement On Reverse Side STD. 262 (REV. 9/2007) CLAIMANT'S NAME SSN or EMPLOYEE NUMBER DEPARTMENT Alan Trounson **CIRM** POSITION CB/ID No. DIVISION or BUREAU INDEX NUMBER President OOP 3000 RESIDENCE ADDRESS \* HEADQUARTERS ADDRESS TELEPHONE NUMBER 210 King Street (415) 396-9105 CITY STATE ZIP CODE CITY STATE ZIP CODE San Francisco CA 94107 (2) PRIVATE VEHICLE LICENSE NUMBER (1) NORMAL WORK HOURS (3) MILEAGE RATE CLAIMED 0.510 (4) MONTH/YEAR (7) (9) (8) MEALS TRANSPORTATION (12)(10)(11)LOCATION 3-4/11 WHERE EXPENSES O.T., L/T, (A) (B) (C) (D) PRIVATE CAR USE TOTAL BREAK-N/C, RELO. OR COST OF CARFARE, INCIDEN-BUSINESS EXPENSES TYPE WERE INCURRED (5) LODGING FAST LUNCH TALS TRANS. USED TOLLS EXPENSE FOR DAY TIME DINNER AMOUNT DATE PARKING MILES 13:30 SF-France 26 22.00 В 22.00 Lyon, France 27 289.81 7.19 0.00 297.00 Lyon, France 29 40.96 0.00 40.96 Tel Aviv, Israel 30 0.00 60.75 60.75 Tel Aviv, Israel 31 6.11 00.0 6.11 Tel Aviv, Israel 1 0.00 56.13 56.13 Melbourne, Australia 235.86 3 20.51 0.00 256.37 Melbourne, Australia 4 35.08 0.00 455.20 529.14 Melbourne, Australia 5 24.28 0.00 181.79 206.07 Melbourne, Australia 6 24.28 0.00 267.98 292.26 Melbourne, Australia 7 24.28 0.00 24.28 Melbourne, Australia 16.11 12.63 15.11 0.00 2.97 46.82 (13) **SUBTOTALS** 525.67 42.73 46.05 53.59 0.00 22.00 123.03 0.00 0.00 1,024.82 1.837.89 COLUMN CODE (ACCTG: USE ONLY) 32.22 **CLAIM TOTAL** \$1,837.89 PAGE 1 OF 2 (14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) AGENCY ACCOUNTING OFFICE USE ONLY 3/26-29 To attend and speak at the 7th World Life Sciences Forum 3/30-4/1 Stem Cell lecture at Sackler School of Medicine of Tel Aviv University PAID BY REVOLVING FUND CHECK NUMBER 4/3-17 Collaborative partnership and funding meetings, CIRM workshop, and Monash meetings I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

SAM Sections 0250, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAI

DATE

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE

DATE

DATE

DATE

STD. 262 (REV. 9/2007) Statement O								ns and *Privacy n Reverse Side					Page of Pages			
CLAIMANT'S NAME							SSN or EMPLOYEE NUMBER*					DEPARTMENT				
Alan Trounson POSITION CB/ID No.								DIVISION or BUREAU				CIRM				
President CB/ID No.							OOP						3000			
RESIDENCE ADDRESS *								HEADQUARTERS ADDRESS						TELEPHONE NUMBER		
								210 King Street						(415) 396-9105		
CITY STATE ZIP CODE							СІТУ				STATE		ZIP CODE			
	, Li			San Francisco				CA 9410'		94107	7 					
1) NORMAL WORK HOURS							(2) PRIVATE VEHICLE LICENSE NUMBER				(3) MILEAGE RATE 0.510		CLAIMED			
MONTH/YEAR		(6)	(7)	(8) MEALS			(9)	(10)		TRANSPORTA	TION		(11)	(12)		
4/11		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	O.T., L/T, N/C, RELO OR	/T, LO. INCIDEN- TALS	(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS,	PRIVA	(D) FE CAR USE	BUSINESS EXPENSE	TOTAL EXPENSE FOR DAY		
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2		Melbourne, Australia				-				19.84		0.00	118.05	137.8		
3		Melboume, Australia								41.86		0.00		41.8		
14		Melbourne, Australia								19.84		0.00	1.46	21.3		
15		Melbourne, Australia	145.69	4.86						60.44		0.00	21.53	232.5		
6		Melbourne, Australia				-				4.32		0.00		4.3		
11:	:30	Melbourne, Australia-SF								843.03		0.00		843.0		
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CLAIM TOTAL FAGE 2 OF											3,15% \$1,320:50					
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		2010009	13													
) LHE	EREB	BY CERTIFY That the above is a true d if mileage rates exceed the minimu	statement of th	e travel exper	nses incurred	by me in a	ccordance wi	th DPA rules	in the ser	vice of the State	of Califor	nia. If a priva	tely owned ve	ehicle was		
1100		o ii iiiiibaye rales exceed tile minimu	in rate, i certify t	nat the COST (	n operating t	ne venicie W	as equal to 0	n Ainaret mat	i ille rate	ciamieu, and that	i nave m	iei ii ie requife	ments as bres	ounded by		
use SAN	M Sec	ctions 0750, 0751, 0752, 0753 and 07 NATORE	54 pertaining to	vehicle safety DATE	and seat bel	t usage.		E OFFICER		NG TRAVEL AND			TE _7.5.	Yayac		